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PTO/SB/01 (12-97)

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| | | | |
|---|-------------------------------|----------------------|--|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | Attorney Docket Number | BOS-31032(1) | |
| | First Named Inventor | Depp, Mark | |
| | COMPLETE IF KNOWN | | |
| | Application Number | 09/865,884 | |
| | Filing Date | May 25, 2001 | |
| | Group Art Unit | 2621 | |
| <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Integrating Biometric Devices in Time and Attendance Applications

the specification of which (Title of the Invention)

☐ is attached hereto
 OR

☒ was filed on (MM/DD/YYYY) May 25, 2001 as United States Application Number or PCT International

Application Number 09/865,884 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | |
|-----------------------|--------------------------|--|
| 60/207,648 | 05/26/2000 | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| | | |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 022202 OR ☐ Registered practitioner(s) name/registration number listed belowPlace Customer
Number Bar Code
Label here

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number or Bar Code Label 022202 OR ☐ Correspondence address below

| | | | | | |
|---------|--|-----------|--|-----|--|
| Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | Telephone | | Fax | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Family Name or Surname

Mark Depp

Inventor's Signature Mark Depp Date 10/25/01Residence: City Fitchburg State WI Country USA Citizenship USPost Office Address 4534 Aztec Trail

Post Office Address

City Fitchburg State WI ZIP 53711 Country USA☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

(Page 2 of 2)

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PTO/SB/02A (11-00)

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 2

| | | | |
|---|----------|---|----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Martin J. | | Janiak | |
| Inventor's Signature <i>Martin J. Janiak</i> | | Date <u>11/2/01</u> | |
| Residence: City Middleton | State MA | Country USA | Citizenship US |
| Mailing Address 93 Fuller Pond Road | | | |
| Mailing Address | | | |
| City Middleton | State MA | ZIP 01949 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Greg | | Krueger | |
| Inventor's Signature <i>Greg Krueger</i> | | Date <u>11/2/01</u> | |
| Residence: City Jefferson | State WI | Country USA | Citizenship US |
| Mailing Address 715 State Street | | | |
| Mailing Address | | | |
| City Jefferson | State WI | ZIP 53549 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Matthew | | Humphreys | |
| Inventor's Signature <i>Matthew L. Humphreys</i> | | Date <u>11/2/01</u> | |
| Residence: City Madison | State WI | Country USA | Citizenship US |
| Mailing Address 7502 Westward Way #104 | | | |
| Mailing Address | | | |
| City Madison | State WI | ZIP 53517 | Country USA |

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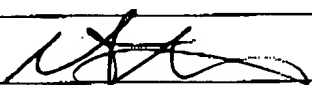
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

| | | | |
|--|----------|---|----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Steve | | Schmalz | |
| Inventor's Signature  | | Date 11-21-01 | |
| Residence: City Severna Park | State MD | Country USA | Citizenship US |
| Mailing Address 809 Manhattan Beach Road | | | |
| Mailing Address | | | |
| City Severna Park | State MD | ZIP 21146 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Dan | | Piorkowski | |
| Inventor's Signature | | Date | |
| Residence: City Madison | State WI | Country USA | Citizenship US |
| Mailing Address 40 Malibu Drive | | | |
| Mailing Address | | | |
| City Madison | State WI | ZIP 53513 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 2 of 2

| | | | |
|--|--|---|-------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Steve | | Schmalz | |
| Inventor's Signature | | Date | |
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| Mailing Address 809 Manhattan Beach Road | | | |
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| City Severna Park | | State MD | ZIP 21146 |
| Country USA | | | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Dan | | Piorkowski | |
| Inventor's Signature <i>D. Piorkowski</i> | | Date 11-21-2001 | |
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| Mailing Address 40 Malibu Drive | | | |
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| Country USA | | | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
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| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | Country |
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